MARYLAND NATURAL RESOURCES POLICE 580 Taylor Ave Annapolis, MD 21401

POSITION ANNOUNCEMENT

RECRUITMENT FOR: Natural Resources Police Officer (06-0535-001)

REOPENING – ACCEPTING APPLICATIONS ON AN OPEN & CONTINUOUS BASIS

This is a position specific recruitment available only to persons who possess current certification as a Police Officer from the Maryland Police & Correctional Training Commission, or who are eligible for recertification if their certification has expired, or who have completed MPCTC training as a Police Officer by the time of hire.

SALARY: \$37,742 Officers will be promoted to Natural Resources Police Officer First Class (an increase to \$40,386) upon successful completion of the Field Officer Training Program provided they have one year of experience as a commissioned law enforcement officer. Additional pay increases are planned pending legislative approval.

Position Duties: Natural Resources Police Officer is the trainee level of law enforcement work learning to enforce conservation, criminal, civil and boating laws, rules and regulations.

Minimum Qualifications: High School diploma or GED certificate

AND

Special Requirements for this Recruitment: Possession of current certification as a police officer from the MPCTC per Public Article 3-201 et seq. of the Annotated Code of Maryland. All applicants must provide a copy of their current certification in their original Application Packet, or they must be eligible for recertification if their certification has expired, or they must have completed MPCTC training as a Police Officer by the time of hire.

PLEASE KEEP IN MIND:

- Natural Resources Police Officers are subject to substance abuse testing in accordance with Code of Maryland Annotated Regulations .06.01.09, Testing for Illegal Use of Drugs.
- Applicants must successfully complete the Entry Level Natural Resources Police training as required by the Maryland Natural Resources Police.
- Employees are subject to call-in on a 24-hour basis and must provide a telephone number where they can be reached.
- Employees may be assigned to work anywhere in the State of Maryland.

SELECTION PROCESS: All applicants must complete an **Application Packet** (NRP Employment Application, Application Supplement, Truthfulness Statement and Authorization to Release Information). The exam will be a rating of training and experience to determine your placement on the Eligible List in one of three categories: Best Qualified, Better Qualified or Qualified. The list will be used by the hiring agency to select candidates for oral interview. Continuing through the selection process, applicants will be required to provide proof of U.S. citizenship; be subject to a comprehensive background investigation to include a polygraph and drug screening; and successfully complete physical and psychological examinations.

Application Packets are available by calling 410–767–4850 or toll free, 800-705-3493, or at www.dbm.maryland.gov. TTY users call Maryland Relay Service, 1-800-735-2258. Application materials will be received on an open and continuous basis.

POST DATE: 4/26/2006

Dear Applicant:

Enclosed please find the Application Packet for the position of Natural Resources Police Officer. This is a position specific recruitment open only to persons who are currently certified as Police Officers with the Maryland Police & Correctional Training Commission (MPCTC), or to persons who are eligible for recertification if their certification has expired, or to persons who will have completed MPCTC training as a Police Officer by the time of hire. The Application Packet includes the following documents:

- 1. A Job Announcement
- 2. An Officers Benefit Package
- 3. An Application Supplement
- 4. An Employment Application
- 5. A Truthfulness Statement
- 6. An Authorization for Release of Information

Please review and/or complete these documents in the order in which they are listed above. Mail or bring your completed Application Packet with all of the requested documentation to:

Office of Personnel Services and Benefits Recruitment & Examination Division, Room 501 301 W. Preston Street, Baltimore, MD 21201

The entire Application Packet will consist of the documents noted below. Please use this list as a checklist to ensure that you have enclosed all pertinent information.

 A copy of your current MPCTC certification (or a signed statement about your eligibility
for recertification as a commission law enforcement officer with the MPCTC)
 A copy of your birth certificate
 A copy of your high school diploma or GED certificate
 Official high school, college, or trade school transcripts
 A copy of your military separation DD214 Long Form (if applicable)
 A copy of your Selective Service Registration Card/Certification (if applicable)
 A completed and signed Application Supplement
 A completed and signed Employment Application
 A signed and notarized Truthfulness Statement
 A signed and notarized Authorization for Release of Information

If you have any questions about this Application Process, please contact Barbara Wallace at the Department of Natural Resources at 410-260-8070. Thank you for your interest in employment with the Natural Resources Police.

Maryland Natural Resources Police

Officers Benefit Package

(July 2005)

Personal Leave

All employees are entitled to six (6) personal days per calendar year. Personal days may not be carried over into the following year. An employee must obtain permission to use personal leave.

Annual Leave

Employees will begin to accumulate annual leave on the first day of employment. However, the employee will not be allowed to use annual leave until the seventh month of employment. Annual leave is accrued on bi-weekly basis at the following rate:

0-5 years of service------- 10 days per year 6-10 years of service------- 15 days per year 11-20 years of service------- 20 days per year 21 year until retirement----- 25 days per year

Employees may carry over a maximum of 50 days (400 hrs.) into the next calendar year.

Sick Leave

Employees earn 15 days of sick leave, which is accumulated on a biweekly basis. Employees may accumulate and carry over an unlimited amount of sick leave into the next calendar year. Unused sick leave may be credited towards service time at the officer's retirement.

Regular Leave

Officers will be on a 28-day work period. Overtime will be earned on all hours worked in excess of 8 hours per day, which is based on 160 hours during the 28-day period. Officers will be scheduled eight days off during the 28-day period. This leave restriction does not apply while Officers are in the training Academy.

Holiday Leave

Officers will receive one holiday per month on election year. During non-election years, officers will receive only eleven (11) holidays per year and no holiday will be taken during the month of June. Officers work all major holidays.

Military Leave

An Officer serving as a member of the armed forces is entitled to leave with pay for military training. The maximum amount of days for military leave is fifteen (15) days annually.

Retirement

Officers participate in a pension program, which permits voluntary retirement after 25 years of service or at age 50. Generally, officers receive 50 percent of their salary after 25 years of service or if they retire after age fifty, they receive 2% of their salary per years of service up to 50 percent. After 25 years of creditable service, officers are eligible to enter into the Deferred Retirement Option Program. Generally,

this program allows the officer to continue working with the same benefits and salary while his retirement is deposited into a special savings account. For more information, call the Maryland State Pension System.

Salary

Natural Resources Police Officer ------\$ 37,742 - \$ 61,981 Natural Resources Police Officer 1/C ----\$ 40,386 - \$ 66,523 Natural Resources Police Corporal ------\$ 43,320 - \$ 71,426 Natural Resources Police Sergeant ------\$ 46,502 - \$ 76,718

Officers Benefit Package (Continued)

Health Insurance

Employees are able to participate in the State of Maryland Benefits package, which is offered to each employee on a yearly basis. This package consists of health benefits, eyesight package, life insurance, health care spending accounts and child care spending accounts. The employee is responsible for part of the payment for these benefits.

Maryland Natural Resources Police

Natural Resources Police Officer Application Supplement

INSTRUCTIONS: This Application Supplement is divided into two parts. Part I outlines the minimum requirements for this particular recruitment for Natural Resources Police Officer. You must meet all of the requirements in Part I in order to be eligible to proceed in the application process. Part II is a questionnaire concerning essential functions of the job.

PART I – MINIMUM REQUIREMENTS

1.	Do you possess curre Training Commission		s a Police Of	ficer from the Maryland Police & Correctional
	Yes		No	
	Certification Nur	nber:		Certification Date:
	Importar	nt: Include a cop	y of your cu	rrent license in your Application Packet.
			OR	
	Are you currently eli	igible for recertifi	cation as a la	w enforcement officer by the MPCTC?
	Yes	_	No	
	If you answered yes	to this latter part	of question 1	, please read and sign the statement below:
	I am currently eligib Correctional Trainin		ion as a law e	nforcement officer with the Maryland Police and
		-	C:	gnature
2	D	1		
2.	Do you possess a	driver's license t	that is current	ly valid in the State of Maryland?
	Yes	No		
				o question 2, you are not eligible for this r of the documents. If you are interested in

other employment opportunities with the Department of Natural Resources or another Maryland

State agency, please visit www.dbm.maryland.gov)

PART II – JOB QUESTIONNAIRE

What follows is a list of essential job functions for the position of Natural Resources Police Officer. This list is provided to assist you in realizing what job tasks and conditions of employment are required of a Natural Resources Police Officer.

In responding to each of these statements, consider whether or not you will be willing and able to perform the task after having successfully completed the Natural Resources Police Training Academy. If you checked NO to ANY of the listed statements for any reason, complete the explanation sheet that follows and provide an explanation as to what would be required for you to perform the function.

	General Requirements		
1.	I am willing and able, for the first twelve weeks of employment, to reside at the Maryland Natural Resources Police Academy and attend all classes scheduled each Monday through Friday and on weekends when required.	□ No	□ Yes
2.	I am willing and available for assignment anywhere in the Central region of Maryland, including Cecil, Harford, Baltimore, Carroll, Howard, and Montgomery counties after graduation.	□ No	□Yes
3.	I am willing and available for assignment anywhere in the Eastern region of Maryland, including Somerset, Worcester, Wicomico, Dorchester, Caroline, Talbot, Queen Anne and Kent counties after graduation.	□ No	□Yes
4.	I am willing and available for assignment anywhere in the Southern region of Maryland, including Anne Arundel, Prince Georges, Charles, Calvert and St. Mary's counties after graduation.	□ No	□ Yes
5.	I am willing and available for assignment anywhere in the Western region of Maryland, including Frederick, Washington, Allegany, and Garrett counties after graduation.	□ No	□ Yes
6.	I am willing and able to regularly appear for work and complete assigned tasks within a reasonable period of time.	□ No	□ Yes
7.	I am willing and able to work rotating shifts with varied days off and during holidays and weekends.	□No	□ Yes
8.	I am willing and able to work on an on-call basis 24 hours a day during staffing emergencies and emergency situations.	□No	□ Yes
9	I am willing and able to provide a telephone number where I may be reached at any time of the day or night.	□No	□ Yes
10.	I am willing and able to perform assigned duties in all forms of weather conditions including but not limited to extremes in heat and cold, snow, rain and thunderstorms.	□No	□ Yes
11.	I am willing and able to perform all duties of the job of NRP Officer independently in isolated areas as the need arises.	□ No	□ Yes
12.	I am willing to undergo an oral interview, psychological examination, drug screening, background check, polygraph, and physical examination as part of my application for this position.	□No	□ Yes
13.	I am willing to undergo random drug testing at any time throughout my employment as a NRP Officer.	□ No	□ Yes
	Cognitive Functions		
14.	I am willing and able to monitor and properly identify, interpret, act and respond to information transmitted over a mobile and base radio system.	□ No	□ Yes
15.	I am willing and able to read, comprehend, and act on information contained in various forms of written and printed documents.	□ No	□ Yes
16.	I am willing to issue warnings, citations and make arrests as the situation dictates.	□No	☐ Yes
17.	I am willing and able to complete numerous forms (handwritten), traffic citations, procedural reports and other documents so that the information is concise, legible and accurate.	□No	□ Yes
18.	I am willing and able to prepare cases and present testimony in a judicial or quasi-judicial hearing in a credible, truthful, and professional manner throughout my law enforcement career.	□No	□ Yes
19.	I am willing and capable of receiving, comprehending and responding promptly and appropriately to verbal communication, and to communicate effectively with the public and	□No	□ Yes

	other members of the Agency.		
20.	I am willing and capable of performing multiple tasks simultaneously including, but not limited, to operating a motor vehicle or water-bound vessel during normal and emergency conditions, receiving and transmitting information over police radio and observing and remembering details and conditions.	□ No	□ Yes
21.	I am willing and able to continuously observe surroundings and accurately report unusual conditions.	□ No	□ Yes
22.	I am willing and able to utilize the five basic senses of sight, touch, smell, taste and hearing to identify surroundings and objects while performing job related activities.	□ No	□ Yes
	Physical Requirements		
23.	I am willing and able to stand stationary for extended periods of time while directing traffic		
	using hand and arm signals, during guard details, security details, while on boat patrol in wind and during high seas or other conditions, or during other assignments as the department may require.	□ No	□ Yes
24.	I am willing and able to sit for short and extended periods of time in vehicles, water-bound vessels or in other limited spaces for such things as surveillance and patrol.	□No	□ Yes
25.	I am willing and able to walk for long and short periods of time during crime scene searches, "house-to-house" searches, surveillance detail and while conducting investigations of natural resources violations.	□ No	□ Yes
26.	I am willing and able to run for short durations and sustained (1-2 minutes) periods over varied indoor and outdoor terrain, while attempting to pursue/apprehend fleeing suspects.	□ No	□ Yes
27.	I am willing and able to traverse (go over/under/around) unusual terrain or through objects including, but not limited to, culverts, fences, water, marshland or walls.	□No	□ Yes
28.	I am willing and able to assist in lifting stretchers of accident and crime scene victims and to place them into vehicles including water-bound vessels, ambulances, helicopters and other rescue vehicles.	□ No	□ Yes
29.	I am willing and able to lift, carry or drag moderate (26-100 lbs), or heavy (more than 100 lbs) individuals, animals, seafood crates and other objects including, but not limited to, debris from the roadway, waterway and injured persons.	□ No	□ Yes
30.	I am willing and able to load and unload a water-bound, patrol vessel from a trailer.	□ No	☐ Yes
31.	I am willing and able to change a standard full-size police patrol vehicle tire or trailer tire.	□No	☐ Yes
32.	I am willing and able to enter and exit vehicles and water-bound vessels under routine and emergency conditions.	□No	□ Yes
	Safety Requirements		
33.	I am willing and able to operate a motor vehicle under normal driving conditions, as well as extreme situations including emergency runs, high-speed chases, and during hazardous weather conditions.	□ No	□ Yes
34.	I am willing and able to operate both small and large water-bound vessels under normal conditions, as well as extreme situations such as emergency runs, high-speed chases, extreme weather condition such as but not limited to high winds, thunderstorms, fog, ice, and extreme temperature conditions.	□ No	□ Yes
35.	I am willing and able to patrol remote areas of the state in vehicles and water-bound vessels, in all weather conditions, alone and unassisted, to carry out the duties of the Natural Resources Police.	□ No	□ Yes
36.	I am willing and able to operate a patrol vehicle or water-bound, patrol vessel for an entire work shift.	□ No	□ Yes
37.	I am willing and capable of entering the water to save another officer's life or that of another person.	□No	□ Yes
38.	I am willing and able to fire a handgun with either hand and to meet proficiency requirements; to fire any other weapon issued by the Agency (shotgun, rifle) and to achieve proficiency in its use.	□No	□ Yes
39.	I am willing and able to wear and carry tactical equipment and weapons in addition to the standard Agency issued equipment.	□ No	□ Yes
40.	I am willing and able to properly use, wear, carry, maintain and understand the functional checks of protective equipment.	□ No	□ Yes
41.	I am willing and able to work under the exposure of hazardous materials in cases of emergencies such as leaks, spills and accidents.	□ No	□ Yes

42.	I am willing and able to perform cardiopulmonary resuscitation techniques as prescribed by the American Heart Association.	□No	□ Yes
43.	I am willing and able to provide minimum medical care to seriously or critically injured persons.	□ No	□ Yes
44.	I am willing and able to work under the exposure of blood borne pathogens and other infectious diseases as emergencies dictate on the job.	□No	□ Yes
45.	I am willing and able to apply handcuffs, subdue resisting suspects using the appropriate degree of physical force and effectively perform "hand-to-hand" self defense including the use of restraint holds and boxing techniques.	□ No	□ Yes
46.	I am willing and able to inspect, handle, and move seriously injured persons, deceased persons, or badly decomposed bodies in the performance of my duties.	□ No	□ Yes
47.	I am willing and able to inspect, handle, and move live and dead wildlife and seafood that may be found in various states of decay in the performance of my duties.	□ No	□ Yes
48.	I am willing and able to deal with hostile, armed, aggressive and/or intoxicated persons in remote areas as the need arises.	□ No	□ Yes
49.	I am willing and able to take the life of an animal in the performance of my duties as required.	□ No	□ Yes
50.	I am willing and able to take the life of another person if the need arises.	□No	☐ Yes

If you answered NO to ANY of the above listed statements for any reason other than your present lack of training as to policy and procedure necessary to perform these functions, provide an explanation for each item in the chart below, explaining what would be required for you to perform the function. **Please sign and date the last page of this questionnaire, regardless of how you responded above.**

EXPLANATION FOR UNWILLINGNESS/INABILITY TO PERFORM A TASK

Task #	Explanation

Task #	Ex	planation
By sign	ing this form, the applicant acknowledges that, upon con	ppletion of the Natural Resources Police Academy, they must
be able	to successfully perform these tasks in a manner that does	not create a dangerous situation for the Officer, other
	ees, and/or the public. The applicant further understands to perform any other duty as required by the Natural Re	that this is only a partial list of duties and the Officer may be
required	to perform any other daty as required by the Matural Re	50th 205 1 0H20.
	Applicant's Signature	Date

MARYLAND NATURAL RESOURCES POLICE

580 Taylor Ave Annapolis, MD 21401 Employment Application

Natural Resources Police Officer

Type or print all information requested using **black ink**. Enter N/A (Not Applicable) in those areas that do not apply. No block is to be left blank. Completed Employment Application is to be returned with the remainder of the documents in the Application Packet as instructed on the cover letter to: OPSB Recruitment & Examination Division, Room 501, 301 W. Preston Street, Baltimore, MD 21201.

APPLICATIONS WILL NOT BE ACCEPTED UNLESS ALL INFORMATION IS COMPLETE!

	PART I – POSITION INFORMATION	
Why are your applying for this position? _		
On what date will you be available to begin	n employment with the Maryland Natural Resources Police?	
How did you learn about this position? (ch ☐ Newspaper ☐ Televisio ☐ Job Fair ☐ School V ☐ Contact with a Natural Resources Police	on Radio Magazine Visitation Internet Web Site Natural Resources	
	PART II – PERSONAL INFORMATION	
Social Security Number:		
Name (Last, First, Middle):		
Aliases:		
Previously Used Name(s):	Maiden Name:	
Complete Mailing Address:		
Home Telephone Number: () Work Telephone Number: ()
Cell Phone/Pager Number: () Email Address:	
Driver's License Number:	Class: State:	
Date of Birth: P	lace of Birth (City, State,/Country):	
Citizenship (☑): ☐ United States	Other:	
Naturalization Date:	Certificate Number:	
Height: Weight:	Hair Color: Eye Color: _	
Scars, Marks, Tattoos or Other Identifying Characteristics (Describe):		

	P	PART II – P	ERSONAL II	NFORMATIO	N (CONTINUE	ED)	
Marital Status ($\boxed{\mathcal{U}}$):	☐ Married	☐ Single	☐ Divorced	☐ Separated	☐ Widowed	Other:	
Marriage Date:		Location (City	y, State):			License #:	
Spouse's Name:				Maiden Na	ame:		
Spouse's Address and	Telephone Nu	ımber (if diffe					
Name of Spouse's Emp	ployer:					ohone #: _()	
Spouse's Occupation:							
Ex-Spouse's Full Nam	ne:				Maiden Name: _		
Mailing Address:					Telep	shone #: ()	
<u> </u>			RESIDENC	ES FROM BIRT			
Dates of Resi	idency		(S	Street Address, C	Address City, County, Sta	te, Zip Code)	
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		PA Mothe			IATION ther	Other Gu	ardian
Name (Last, First, Mi	ddle):					Other Gu	ardian
Name (Last, First, Mi	ddle): Name:					Other Gu	ardian
Name (Last, First, Mi Maiden M Address (S (City, State, Zip C	ddle): Name: Street) Code):					Other Gu	ardian
Name (Last, First, Mi Maiden M Address (S (City, State, Zip C	ddle): Name: Street) Code): Birth:	Mothe	r	Fa	ther		
Name (Last, First, Mi Maiden M Address (S (City, State, Zip C	ddle): Name: Street) Code): Birth:					Other Gu	ardian
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Name (Last, First, Mi Maiden M Address (S (City, State, Zip C	ddle): Name: Street) Code): Birth: ((☑):	Mothe Yes	no	Fa ☐ Yes	ther No	☐ Yes	
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Name (Last, First, Mi Maiden M Address (S (City, State, Zip C	ddle): Name: Street) Code): Birth: (☑): You mi	Mothe Yes PART I	No □ No □ No □ No □ HIGH	Fa ☐ Yes ☐ IONAL INFO	Ther □ No □ No	☐ Yes	□No
Name (Last, First, Min Maiden Maiden Maddress (S (City, State, Zip C Date of Living Name of High School:	ddle): Name: Street) Code): Birth: (☑): You mu	Mothe Yes PART I	No No HIGH	Yes ☐ Yes ☐ IONAL INFO	DRMATION your Applicati Dates A	☐ Yes On Packet.	□ No
Name (Last, First, Min Maiden Maiden Maddress (S (City, State, Zip C Date of Living Name of High School:	ddle): Name: Street) Code): Birth: (☑): You mi	Mothe Yes PART I	No No HIGH	Fa □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes	DRMATION your Applicati Dates A	☐ Yes On Packet. ttended:	□ No

PART III – EDUCATIONAL INFORMATION (CONTINUED)

COLLEGES / UNIVERSITIES ATTENDED

	1	2	3
College / University:			
Address (Street):			
(City, State, Zip):			
Dates Attended:			
Total Credits Earned:			
Degree Received:			
Date Graduated:			
Major:			
Minor:			

SPECIALIZED TRAINING, CERTIFICATION and LICENSURE

Do you possess a US Coast Guard Captain's License?	☐ Yes	□ No
Do you possess a license as a Commercial Tidal Fisherman from the DNR?	☐ Yes	□ No
Are you a certified US Power Squadron (USPS) Boat Operator?	☐ Yes	□ No
Do you possess a pilot's license from the Federal Aviation Administration?	☐ Yes	□ No
Do you possess a valid Boater Safety Card?	☐ Yes	□ No
Are you an MPCTC certified Drug Recognition Expert?	☐ Yes	□ No
Are you an MPCTC certified OWI/DUI Instructor?	☐ Yes	□ No
Are you an MPCTC certified Breathalyzer Operator?	☐ Yes	□ No
Are you an MPCTC certified MIEMS Instructor?	☐ Yes	□ No
Are you an MPCTC or equivalent certified Firearms Instructor?	☐ Yes	□ No
Are you an MPCTC certified International Mountain Bike Instructor?	☐ Yes	□ No
Are you an MPCTC certified EVOC Instructor?	☐ Yes	□ No
Are you an MPCTC certified Firearms Armorer?	☐ Yes	□ No
Are you an MPCTC certified K-9 Handler?	☐ Yes	□ No
Are you an MPCTC certified Defense Tactics Instructor?	☐ Yes	□No

If you answered yes to any of these questions, please document in full on the chart on the next page. Also, include copies of your certification or licensure with this Application Packet.

PART III - EDUCATIONAL INFORMATION (CONTINUED)

Please provide information about all specialized training, certification and licensure you possess as indicated on the preceding page. In addition, please add any other training or certification that you believe would be relevant to the job of Natural Resources Police Officer, e.g., training, certification or licensure in conservation, special investigations, boating, wildlife management, drug recognition, etc.

Type of Training/Certification/ Licensure	Name & Address of Organization/School	Certification/Diploma Received	Date Received	Date Expires

PART IV - EMPLOYMENT HISTORY Have you ever applied for a job with the Maryland Natural Resources Police? \square Yes \square No Date: Have you ever been employed by the Maryland Natural Resources Police? ☐ Yes ☐ No Dates: Have you ever been employed by the Maryland State Police, University of Maryland, or other Maryland State Agency? \square Yes \square No (Please describe this experience below.) Do you have any work experience in the area of boating, fishing, hunting, conservation or wildlife management? ☐ Yes ☐ No (Please describe this experience below.) (List all employers, beginning with the current or most recent.) **CURRENT / MOST RECENT EMPLOYER** Name of Employer: Address (Street): (City, State, Zip Code): Telephone Number: () Position Held: Salary: Immediate Supervisor's Name and Title: Reason for Leaving: PREVIOUS EMPLOYERS Name of Employer: Address (Street): (City, State, Zip Code): Telephone Number: () Position Held: Starting: Per \square Hour \square Week \square Bi-Weekly \square Month \square Year Salary: Immediate Supervisor's Name and Title: Primary Job Duties: Reason for Leaving:

PART IV – EMPLOYMENT HISTORY (CONTINUED)

Name of Employer:				
Address (Street):				
(City, State, Zip Code):				
	nber: ()			
Dates Employed: From:	To:	(☑ One):	☐ Full Time	☐ Part Time (Hrs. per week =)
Position Held:				
Salary: Starting:	Ending:		per 🗆 Hour	\square Week \square Bi-Weekly \square Month \square Year
Immediate Supervisor's Name and Title:				
Primary Job Duties:				
Reason for Leaving:				
Name of Employer:				
Address (Street):				
(City, State, Zip Code):				
	nber: ()			
Dates Employed: From:	To:	(☑ One):	☐ Full Time	☐ Part Time (Hrs. per week =)
Position Held:				
Salary: Starting:	Ending:		per Hour	\square Week \square Bi-Weekly \square Month \square Year
Immediate Supervisor's Name and Title:				
Primary Job Duties:				
Reason for Leaving:				

PART IV - EMPLOYMENT HISTORY (CONTINUED) ☐ Yes ☐ No (\boxed{V}) 1. Have you been discharged from any employment for reasons other than medical? If yes, explain: Have you ever resigned from a previous employer while anticipating your employer intended to discharge (fire) ☐ Yes ☐ No you for any reason? (☑) If yes, explain: Have you ever resigned from a previous employer while anticipating your employer intended to take any form ☐ Yes ☐ No of disciplinary action against you? $(\mathbf{\nabla})$ If yes, explain: 4. Have you had any extended absences from work for reasons other than medical or approved vacations? ☐ Yes ☐ No (\mathbf{V}) If yes, explain: PART V - MILITARY AND SELECTIVE SERVICE INFORMATION Have you ever served in the military or armed forces? $(\Box) \square$ Yes \square No ☐ Air Force ☐ Army □ Navy ☐ Marines ☐ Coast Guard If yes, what Branch of Service? (\square) Other (specify) Entrance Date: _____ Discharge Date: _____ Highest Rank Held: Type of Discharge (other than medical): If less than honorable, explain: Are you a present or past member of a military reserve or National Guard Unit? $(\overline{\square})$ \square Yes \square No ☐ Past ☐ Active ☐ Present ☐ Inactive If yes, give Branch, Name, & Address of Unit: Military Occupational Specialty (include diplomas, certifications, etc.) Have you ever been convicted of any Uniform Code of Military Justice (UCMJ) violation? (\Box) Yes \Box No If yes, explain: Selective Service Registration Date: Location:

Please attach a copy of your Selective Service "Letter of Acknowledgment".

PART VI – CRIMINAL ACTIVITY INFORMATION

Report all past and present involvement in criminal activity by answering all of the following questions.

Have you ever been involved in criminal activity as indicated below?	(☑)	# of Times	Date of Last Activity
Battery	☐ Yes ☐ No		
Theft	☐ Yes ☐ No		
Assault	☐ Yes ☐ No		
Domestic Assault	☐ Yes ☐ No		
Serious Traffic Violation	☐ Yes ☐ No		
Serious Boating Violation	☐ Yes ☐ No		
Serious Hunting Violation	☐ Yes ☐ No		
Serious Fishing Violation	☐ Yes ☐ No		
Marijuana / Hashish – Illegal Possession / Use	☐ Yes ☐ No		
Cocaine - Illegal Possession / Use	☐ Yes ☐ No		
Crack - Illegal Possession / Use	☐ Yes ☐ No		
Heroin - Illegal Possession / Use	☐ Yes ☐ No		
PCP (Phencyclidine) - Illegal Possession / Use	☐ Yes ☐ No		
Amphetamines - Illegal Possession / Use	☐ Yes ☐ No		
Barbiturates - Illegal Possession / Use	☐ Yes ☐ No		
Anabolic Steroids - Illegal Possession / Use	☐ Yes ☐ No		
Inhalants (i.e., whip-it, huffing nitrous oxide, amyl butyl nitrate, poppers			
and / or rush)	☐ Yes ☐ No		
Other (specify):	☐ Yes ☐ No		
Other (specify):	☐ Yes ☐ No		
Other (specify):	☐ Yes ☐ No		
Have you illegally sold any type of drug or controlled dangerous substance If yes, list drugs or substance sold:	e? (☑) ☐ Yes ☐ N	0	
Have you illegally purchased any type of drug or controlled dangerous sub- If yes, list drugs or substances purchased:	ostances? (☑) ☐ Yes	□ No	
How often:			
Detailed explanation of the circumstances of illegal sales:			
Have you ever been involved in the illegal taking, harvesting, or possessio oyster, or clam? (\square) \square Yes \square No If yes, explain:	n of any type of plant, an	imal, reptile, am	phibian, fish, crab,

PART VI – CRIMINAL ACTIVITY INFORMATION (CONTINUED)

	e you ever been involved in any type of illegal hunting or fishing activity? (🗹)	Yes No
	e you ever been charged for a hunting, fishing, boating, or state park violation? (
	PART VII – GENERAL INFORMATION	
1.	Excluding parking tickets, have you received any citations, been arrested, taken into custody, detained for investigation, or charged with a crime by any law enforcement agency or military authority? (Include expungements, indictments, criminal summons, criminal information, probation before judgment, etc.)? (☐ Yes ☐ No
2.	Have you ever previously applied for employment with this or any other law enforcement or security/protective/investigative agency? (🗹)	☐ Yes ☐ No
3.	Have you ever been rejected for any reason, other than medical, after applying for employment with this or any other law enforcement related agency? (\square)	☐ Yes ☐ No
4.	Are there incidents in your background (not mentioned above) that may reflect on your ability to perform duties associated with this position? (🗹)	☐ Yes ☐ No
5.	Do you know the definition of a protective order or exparte order? (()	☐ Yes ☐ No
6.	Have you ever been served with a protective order or exparte order? ()	☐ Yes ☐ No
7.	Has your motor vehicle driving privilege ever been denied, suspended, or revoked in this State or any other jurisdiction? (If yes, indicate the State, date and reason in your explanation below.) (☑)	☐ Yes ☐ No
8.	Has your boating operator privilege ever been denied, suspended, or revoked in this State or any other jurisdiction? (If yes, indicate the State, date and reason in your explanation below.)	☐ Yes ☐ No
9.	Have you appeared in civil court as either a defendant or plaintiff? (If yes, indicate the jurisdiction, date and reason in your explanation below.) (✓)	☐ Yes ☐ No
10.	Have any judgments been filed against you? (If yes, indicate the date and reason in your explanation below.) (☑)	☐ Yes ☐ No
11.	Have you ever been refused credit? ()	☐ Yes ☐ No
	all questions to which you answered yes on the previous page, indicate the question number and give a detailed e provided below:	explanation in the
<u> </u>		

PART VIII - CHARACTER REFERENCES

List five character references who have definite knowledge of your qualifications and fitness for the position for which you are applying. References should be able to speak confidently about you and your reputation. **Do not** include relatives, former employers, former supervisors, or individuals living outside the United States or its territories.

Name	Address (Street, City, State, Zip Code)	Telephone	Years Known
1.		Home:	
		Work:	
2.		Home:	
2.		Work:	
3.		Home:	
3.		Work:	
4.		Home:	
		Work:	
5.		Home:	
J.		Work:	

PART IX – FOREIGN LANGUAGES

In the chart below, identify all languages, other than English, in which you have at least a basic capacity to converse, read or write. Include any experience you have in sign language. Use the following scale to identify your level of proficiency in each domain (Speaking, Oral Comprehension, Reading and Writing). For each language you specify, circle the appropriate number as it corresponds to the rating scale. If you have no foreign language skills, write N/A in this section.

- 0 less than basic ability
- 1 basic ability to converse, read or write
- 2 fully proficient in everyday language usage
- 3 professional level fluency, including the ability to translate, interpret and communicate complex data

Language	Speaking	Oral Comprehension	Reading	Writing
	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

PART X - CLUBS AND ORGANIZATIONS

Provide the information requested below for all clubs and organizations of which you are currently a member.

Name of Organization	Address	Telephone #	Position Held

	PART XI – HOBBIES AND INTEREST	TS .
1. Do you	have experience operating boats? $(\overline{\square})$	□ Yes □ No
	describe what types of boats you have operated (motor, sail, make, model, leng boats you describe? For what purpose did you operate the boats?	th). How many total estimated hours have you
Indicate in the	space provided below all activities, hobbies and interests, and the amount of time	e spent for each.
	Activity / Hobby / Interest	Amount of Time Spent
<u> </u>		
	PART XII – APPLICANT REVIEW	
Place a ☑ in t fully disclose the Eligible L	the space provided below to indicate you have enclosed that portion of the packet. or attach all required information may result in your application being placed in ist.	(Use N/A when not applicable). Failure to an inactive status or affect your placement on
□ 1. A	copy of your birth certificate	
□ 2. A c	copy of your high school diploma or GED certificate	
☐ 3. Of	ficial high school, college or trade school transcripts	
☐ 4. A d	copy of your military separation DD214 Long Form	
□ 5. A o	copy of your Selective Service Registration Card/Certificate	
☐ 6. A	signed and notarized "Truthfulness Statement"	
□ 7. A	signed and notarized "Authorization for Release of Information" form	
□ 8. A	completed and signed "Application Supplement"	
	copy of your MPCTC certification or your signature on the statement in Question you are eligible for recertification.	on 1 of the Application Supplement, attesting
successful cor information ar	information contained herein is true and complete to the best of my knowledge. If any knowledge impletion of all required performance, polygraph and medical examinations, very notice of all required performance in the following interview. I further understand that willful misrepresentations, omission process may disqualify me from further consideration for employment.	ification of the employment application
Applicant's Si	ignature:	Date:

(Remove this section of the application prior to the interview process.)			
TO FURTHER ITS COMMITMENT TO EQUAL OPPORTUNITY EMPLOYMENT, THE STATE OF MARYLAND REQUESTS APPLICANTS TO PROVIDE, <u>VOLUNTARILY</u> , THE FOLLOWING INFORMATION. THIS INFORMATION WILL BE USED FOR STATISTICAL PURPOSES ONLY BY AUTHORIZED PERSONNEL.			
WHAT IS YOUR GENDER?MALEFEMALE			
RACE/ETHNIC IDENTIFICATION – PLEASE CHECK ALL THAT APPLY			
ARE YOU OF HISPANIC OR LATINO ORIGIN? YES NO (A PERSON OF CUBAN, MEXICAN, PUERTO RICAN, SOUTH OR CENTRAL AMERICAN, OR OTHER SPANISH CULTURE OR ORIGIN, REGARDLESS OF RACE.)			
SELECT ONE OR MORE OF THE FOLLOWING RACIAL CATEGORIES:			
1 AMERICAN INDIAN OR ALASKA NATIVE (A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AMERICA OR SOUTH AMERICA, INCLUDING CENTRAL AMERICA, AND WHO MAINTAINS TRIBAL AFFILIATIONS OR COMMUNITY ATTACHMENT)			
2ASIAN (A PERSON HAVING ORIGIN IN ANY OF ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA, OR THE INDIAN SUBCONTINENT, INCLUDING, FOR EXAMPLE, CAMBODIA, CHINA, INDIA, JAPAN, KOREA, MALYASIA, PAKISTAN, THE PHILLIPINE ISLANDS, THAILAND AND VIETNAM)			
3 BLACK OR AFRICAN AMERICAN (A PERSON HAVING ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA)			
4 NATIVE HAWAIIN OR OTHER PACIFIC ISLANDERS (A PERSON HAVING ORIGINS IN THE ORIGINAL PEOPLES OF HAWAII, GUAM, SAMOA OR OTHER PACIFIC ISLANDS)			
5 WHITE (A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, NORTH AFRICA OR THE MIDDLE EAST)			

CONTINUATION SHEET – ADDENDUM A

Applicant's Name:		SSN:	
j	Information listed below must be identified by Page, Part	Number, and Item Description.	

Page Part Item Description Additional Information			

EMPLOYMENT HISTORY CONTINUATION SHEET – ADDENDUM B

Applicant's Name: SSN: SSN:
PREVIOUS EMPLOYER
Name of Employer:
Address (Street):
(City, State, Zip Code):
Telephone Number: ()
Dates Employed: From: To: (One):
Position Held:
Salary: Starting: per
Immediate Supervisor's Name and Title:
Reason for Leaving:
PREVIOUS EMPLOYER
Name of Employer:
• •
Address (Street):
(City, State, Zip Code):
Telephone Number: ()
Dates Employed: From: To: (One):
Position Held:
Salary: Starting: per
Immediate Supervisor's Name and Title:
Reason for Leaving:

Maryland Natural Resources Police Truthfulness Statement

A critical issue that impacts the effectiveness of any organization is its credibility. Central to that image is the integrity and truthfulness of its members, from the newest entrant to its top-level management.

The need for honest, impartial and accurate representation of facts is nowhere more vital than within a law enforcement agency, whose success or failure rests with the degree of public support it receives.

An individual's integrity is lost when he/she fails to tell the truth and this loss of integrity can quickly spread throughout the Agency to the point that its viability as a trusted organization is lost.

As Superintendent, it is my responsibility to maintain the effectiveness of the Natural Resources Police as a viable law enforcement agency. To this end, this will serve notice that I will not tolerate any misrepresentation of truth of any kind by uniformed or civilian personnel, or applicants of this Agency. You are, therefore, advised that all information disclosed or gleaned during the application process may be verified by means of a polygraph examination.

Any statements or omissions, either written or verbal, that are given by any applicant with the intent to deceive will result in rejection from further consideration for employment with the Maryland Natural Resources Police. There is no substitute for the truth.

Mark S. Chaney
Mark S. Chaney
Superintendent

I have read and understand the preceding statement and agree that all information that I supply during the course of my processing, either written or verbal, will be answered honestly and truthfully. I will not intentionally omit any information with the intent to deceive.

Applicant's Signature	Date
Notarized in the: State of	
County of	_
Subscribed in my presence and sworn before me on this day of	, 20
Witness My Hand and Official Seal	
Signature Of Notary Public	
My commission expires on:	
(OFFICIAL MOTARY SEAL MUST BE AFFIYED)	

AUTHORIZATION FOR RELEASE OF INFORMATION

! ,			(
Last Name	First Name	Middle Name	(DOB)
	Address		Social Security Number
by/to any duly authorized age are public or private, and incl	nd full disclosure of all records nt of the Maryland Natural Re- nding those, which may be dec outhorization is to provide info	sources Police, whether the med to be of a privileged	cerning myself he said records I or confidential
of commercial or retail mercal consultation and/or treatment, Veteran's Administration, and employment and pre-employment polygraph examinations, efficit complaints of a civil nature mercollections of attorneys at lanother person in any case in authorize the National Person records to release to the Mary	ete disclosure of the records of ntile establishments and retai including those of hospitals, of all military and psychiatric frent records including backgroency ratings, complaints or gricade by or against me, and includ, or of other counsel who repwhich I presently have, or had nnel Records Center, St. Louis land Natural Resources Policial medical records, or only the	I credit agencies; medical clinics, private practitions acilities; public utility cound investigation reports evances filed by or against uding, not limited to the present or have represent ve had an interest.	al and psychiatric ers, the U.S. companies; , the results of et me; records of records and ed myself or codian of military opies from my
This could include a photoco	ay of my Form DD 214 Dans	nt of Compution	
this could include a photocopy	by of my Form DD-214, Repo	rt of Separation.	
loes not contain an original vemployees, from and against	rm will be valid as an original vriting of my signature. I agreall claims, damages, losses and or by reason of complying with	e to indemnify and hold d expenses, including re	harmless
Applicant's	s Signature	<u> </u>	Date
Notarized in the	e: State of County of		
Subscribed in my presence and	sworn before me on this		
Vitness My Hand and Official S	Seal		
	Signature	Of Notary Public	
My commission expires on:		-	
	OFFICIAL NOTARY SEAL MI	(IST RE AFFIYED)	